

Boost Juice South Africa  
P/Bag X4000  
Bedfordview  
2008  
Email: franchise.enquiries@boostjuice.co.za

**STRICTLY CONFIDENTIAL**



**BOOST JUICE FRANCHISE  
APPLICATION FORM**

**This application does not obligate either  
party in any manner**

# BOOST JUICE APPLICATION FORM

Thank you for your expression of interest in acquiring a Boost Juice Franchise.

The attached application is provided to you, "the Applicant", by Elixir Concepts (Pty) Ltd ("**Boost Juice SA**"), the holder of the Master Franchise for Boost in South Africa, in order to determine your suitability as a Boost Juice Franchisee.

As the information provided will be relied upon by and form the basis for a number of decisions by Boost Juice SA it is a fundamental requirement that all information be true, accurate and not in any way misleading.

To clarify your financial position you may be requested to produce proof of your financial situation.

Boost Juice may contact your referees to assist in evaluating your application. You should, therefore, inform your referees of this fact and not list any referees that you do not want contacted.

A deposit of R5,000.00 ("**Deposit**") must accompany this application. Cheques should be made payable to '**Elixir Concepts (PTY) LTD**' or via **electronic funds transfer (EFT)** to:

Financial Institution: Standard Bank      Account Name: Elixir Concepts Pty Ltd  
Branch Code: 018 305      Account Number: 022 55 55 60

*Important: Please insert in the Transaction Description "**FR DEP 'SURNAME'**". Please keep a receipt of your EFT.*

The full amount of the Deposit will be refunded should your application be declined. If your application is accepted, the Deposit will be fully refundable up until you instruct Boost Juice SA to begin preparation of the Boost Juice Franchise Agreement or any associated franchise documentation. The Deposit will then be applied to the preparation of the franchise documentation. Details of the costs of this preparation will be provided to you.

Should you not proceed with the purchase of a Boost Juice Franchise by signing the Boost Juice Franchise Agreement, the Deposit less its reasonable costs in preparing the franchise documentation shall be refunded to you. The refund will be made upon safe return of all of the Boost Juice franchise documentation.

|   |             |                              |                |
|---|-------------|------------------------------|----------------|
| <b>APPLICANT INFORMATION</b>  |             |                              |                |
| <b>CURRENT/PROPOSED STRUCTURE</b><br>(please circle or bold)                                  |             |                              |                |
| SOLE TRADER   | PARTNERSHIP | PTY LTD COMPANY              | LTD/CC COMPANY |
| <b>APPLICANT DETAILS</b><br>(If the Applicant is a company please complete the details below) |             |                              |                |
| NAME OF APPLICANT:  |             | COMPANY REGISTRATION NUMBER: |                |
| REGISTERED ADDRESS:   |             |                              |                |
| BUSINESS ADDRESS:   |             |                              |                |

|               |  |               |  |
|---------------|--|---------------|--|
| TELEPHONE NO: |  | FACSIMILE NO: |  |
|---------------|--|---------------|--|

**APPLICANT'S DETAILS**  
 (Please complete information below for all individuals (including Directors if the Applicant has been listed as a company above)  
 (If more than 2 insert typed sheets)

|  |                |                  |                        |
|--|----------------|------------------|------------------------|
| <b>1. FULL NAME:</b>   |                |                  |                        |
| POSITION:<br><small>(please circle or bold)</small>                            | SOLE TRADER    | PARTNER          | SHAREHOLDER/<br>MEMBER |
| PRIVATE ADDRESS:   |                |                  |                        |
| TELEPHONE NO:  | HOME:          | BUSINESS:        |                        |
| E-MAIL ADDRESS:  |                |                  |                        |
| ID NUMBER:   |                | PLACE OF ISSUE:  |                        |
| DATE OF BIRTH:   |                | MARITAL STATUS:  |                        |
| SPOUSE'S NAME:   |                |                  |                        |
| SPOUSE'S AGE:  |                | AGE OF CHILDREN: |                        |
| IF MARRIED WILL SPOUSE BE ACTIVE IN THE BUSINESS:                              |                |                  |                        |
| % OWNERSHIP OF BUSINESS:   |                |                  |                        |
| OTHER DIRECTORSHIPS/BUSINESS INTERESTS (name of company/business and address): |                |                  |                        |
|  |                |                  |                        |
|  |                |                  |                        |
| FORMER ADDRESS:  |                |                  |                        |
| HEALTH:  | GOOD/FAIR/POOR | PDI STATUS       |                        |
| DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS:                   |                |                  |                        |
|  |                |                  |                        |
| PERSONAL QUALIFICATIONS, DEGREES OR DIPLOMAS:                                  |                |                  |                        |
|  |                |                  |                        |
| FORMAL TRAINING IN SALES, RETAILING OR MANAGEMENT:                             |                |                  |                        |
|  |                |                  |                        |

|   |             |           |                        |
|---|-------------|-----------|------------------------|
| <b>2. FULL NAME:</b>                                |             |           |                        |
| POSITION:<br><small>(please circle or bold)</small> | SOLE TRADER | PARTNER   | SHAREHOLDER/<br>MEMBER |
| PRIVATE ADDRESS:                                    |             |           |                        |
| TELEPHONE NO:                                       | HOME:       | BUSINESS: |                        |

|  |                |                  |  |
|--|----------------|------------------|--|
| E-MAIL ADDRESS:  |                |                  |  |
| ID NUMBER:   |                | PLACE OF ISSUE:  |  |
| DATE OF BIRTH:   |                | MARITAL STATUS:  |  |
| SPOUSE'S NAME:   |                |                  |  |
| SPOUSE'S AGE:  |                | AGE OF CHILDREN: |  |
| IF MARRIED WILL SPOUSE BE ACTIVE IN THE BUSINESS:                              |                |                  |  |
| % OWNERSHIP OF BUSINESS:   |                |                  |  |
| OTHER DIRECTORSHIPS/BUSINESS INTERESTS (name of company/business and address): |                |                  |  |
|  |                |                  |  |
|  |                |                  |  |
|  |                |                  |  |
| FORMER ADDRESS:  |                |                  |  |
| HEALTH:  | GOOD/FAIR/POOR |                  |  |
| DESCRIBE ANY PHYSICAL OR MENTAL DISABILITIES OR LIMITATIONS:                   |                |                  |  |
|  |                |                  |  |
|  |                |                  |  |
| PERSONAL QUALIFICATIONS, DEGREES OR DIPLOMAS:                                  |                |                  |  |
|  |                |                  |  |
|  |                |                  |  |
| FORMAL TRAINING IN SALES, RETAILING OR MANAGEMENT:                             |                |                  |  |
|  |                |                  |  |
|  |                |                  |  |

**APPLICANT'S PHOTOGRAPH**  
Please attach a photograph of the Applicant, or the director(s) of the Applicant if the Applicant is a company, in the space provided below.

**Please affix photograph here, or insert digital image.**

**FURTHER APPLICANT INFORMATION**

| <b>ACCOUNTANT</b> |  |               |  |
|-------------------|--|---------------|--|
| NAME:             |  | CONTACT:      |  |
| ADDRESS:          |  |               |  |
|                   |  | TELEPHONE NO: |  |

| <b>BANKER</b> |  |               |  |
|---------------|--|---------------|--|
| NAME:         |  | CONTACT:      |  |
| ADDRESS:      |  |               |  |
|               |  | TELEPHONE NO: |  |

| <b>SOLICITOR</b> |  |               |  |
|------------------|--|---------------|--|
| NAME:            |  | CONTACT:      |  |
| ADDRESS:         |  |               |  |
|                  |  | TELEPHONE NO: |  |

| <b>PREVIOUS EMPLOYMENT HISTORY</b>                      |  |                    |  |
|---|--|--------------------|--|
| (Please complete information below for all individuals) |  |                    |  |
| 1. OCCUPATION:  |  |                    |  |
| POSITION:   |  |                    |  |
| COMPANY:  |  |                    |  |
| TYPE OF BUSINESS:                                       |  |                    |  |
| ADDRESS:  |  |                    |  |
| CONTACT PERSON:   |  | TELEPHONE NO:      |  |
| PERIOD OF EMPLOYMENT:                                   |  | COMMENCEMENT DATE: |  |
| REASON LEFT:  |  |                    |  |

|                   |  |
|-------------------|--|
| RESPONSIBILITIES: |  |
|                   |  |

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| <b>2. OCCUPATION:</b> |  |                    |  |
| POSITION:             |  |                    |  |
| COMPANY:              |  |                    |  |
| TYPE OF BUSINESS:     |  |                    |  |
| ADDRESS:              |  |                    |  |
| CONTACT PERSON:       |  | TELEPHONE NO:      |  |
| PERIOD OF EMPLOYMENT: |  | COMMENCEMENT DATE: |  |
| REASON LEFT:          |  |                    |  |
| RESPONSIBILITIES:     |  |                    |  |
|                       |  |                    |  |

|                       |  |                    |  |
|-----------------------|--|--------------------|--|
| <b>3. OCCUPATION:</b> |  |                    |  |
| POSITION:             |  |                    |  |
| COMPANY:              |  |                    |  |
| TYPE OF BUSINESS:     |  |                    |  |
| ADDRESS:              |  |                    |  |
| CONTACT PERSON:       |  | TELEPHONE NO:      |  |
| PERIOD OF EMPLOYMENT: |  | COMMENCEMENT DATE: |  |
| REASON LEFT:          |  |                    |  |
| RESPONSIBILITIES:     |  |                    |  |
|                       |  |                    |  |

|  |   |
|--|---|
| <p><b>BUSINESS EXPERIENCE (if applicable)</b><br/>                 (provide details of existing or past business interests and list most recent first)</p> |   |
| <b>1. TRADING NAME:</b>  |   |
| TRADING ADDRESS:   |   |
| NATURE OF BUSINESS:  |   |
| OWNERS:  |   |
| INTEREST:  | % |
|  | % |

|                               |     |
|-------------------------------|-----|
|                               | %   |
| COMMENCEMENT DATE:            | / / |
| DATE SOLD OR INTEREST CEASED: |     |

|                               |     |
|-------------------------------|-----|
| <b>2. TRADING NAME:</b>       |     |
| TRADING ADDRESS:              |     |
| NATURE OF BUSINESS:           |     |
|                               |     |
| OWNERS:                       |     |
|                               |     |
| INTEREST:                     | %   |
|                               | %   |
|                               | %   |
| COMMENCEMENT DATE:            | / / |
| DATE SOLD OR INTEREST CEASED: |     |

| <b>REFERENCES</b><br>(Provide 2 trade references and 1 personal reference) |  |                      |  |
|--|--|----------------------|--|
| <b>1. NAME:</b>  |  | <b>TELEPHONE NO:</b> |  |
| <b>POSITION:</b>   |  | <b>COMPANY:</b>      |  |
| <b>NATURE OF REFERENCE (ie. personal, employment, etc):</b>                |  |                      |  |

|   |  |                      |  |
|---|--|----------------------|--|
| <b>2. NAME:</b>   |  | <b>TELEPHONE NO:</b> |  |
| <b>POSITION:</b>  |  | <b>COMPANY:</b>      |  |
| <b>NATURE OF REFERENCE (ie. personal, employment, etc):</b> |  |                      |  |

|   |  |                      |  |
|---|--|----------------------|--|
| <b>3. NAME:</b>   |  | <b>TELEPHONE NO:</b> |  |
| <b>POSITION:</b>  |  | <b>COMPANY:</b>      |  |
| <b>NATURE OF REFERENCE (ie. personal, employment, etc):</b> |  |                      |  |

| <b>CONVICTIONS AND LEGAL PROCEEDINGS</b>   |  |
|--|--|
| Give details of any conviction against you personally, in South Africa or elsewhere, under any legislation.  |  |
| PLACE & YEAR OF CONVICTION:  |  |
| TYPE OF OFFENCE:   |  |
| PENALTY:   |  |
| Give details of any proceedings, whether they are of a legal or administrative nature of which you or any company of which you have been a director or shareholder has been subject, whether or not in South Africa. Please specify: |  |
| NAME OF PLAINTIFF:   |  |
| NAME OF DEFENDANT:   |  |
| YEAR IN WHICH PROCEEDINGS ISSUED:  |  |
| YEAR IN WHICH PROCEEDINGS CONCLUDED:   |  |
| SUBJECT MATTER OF THE PROCEEDINGS:   |  |
| NATURE OF THE JUDGMENT AWARDED FOR AND AGAINST YOU AND THE QUANTUM OF THAT JUDGMENT:   |  |

| <b>FINANCIAL BACKGROUND</b>   |  |    |  |
|---|--|----|--|
| Are you, or have you ever been, bankrupt, the subject of a sequestration order or creditors' petition, or had estate assigned for the benefit of creditors? (Circle or bold appropriate box)            |  |    |  |
| YES   |  | NO |  |
| If yes, give details including when discharged (if relevant)  |  |    |  |
|   |  |    |  |
| Are you, or have you ever been a director or shareholder of a company when it was placed under receivership, official management or administration, or in liquidation? (Circle or bold appropriate box) |  |    |  |
| YES   |  | NO |  |
| If yes, give full details   |  |    |  |
|   |  |    |  |
| Are you, or have you ever been not creditworthy? (Circle or bold appropriate box)   |  |    |  |
| YES   |  | NO |  |
| * A person is not credit worthy when suppliers will no longer provide supplies on credit because of the person's past record of bad payment of accounts.  |  |    |  |
| If yes, give details including place and time   |  |    |  |
|   |  |    |  |
| Are you , or have you ever been, a director or shareholder of a company when it was not creditworthy? (Circle or bold appropriate box)  |  |    |  |
| YES   |  | NO |  |
| If yes, give details including place and time   |  |    |  |
|   |  |    |  |

| <b>HOUSEHOLD INCOME/EXPENDITURE</b> |          |                             |          |
|-------------------------------------|----------|-----------------------------|----------|
| (list current monthly information)  |          |                             |          |
| <b>INCOME</b>                       | <b>R</b> | <b>EXPENDITURE</b>          | <b>R</b> |
| Total salary/wages                  |          | Mortgage repayments         |          |
| Bonus/Commissions                   |          | Finance/Loan repayments     |          |
| Dividends/Interest                  |          | Credit card repayments      |          |
| Real Estate Income                  |          | Telephone/electricity       |          |
| Other income (specify)              |          | School fees & expenses      |          |
|                                     |          | Rates and taxes             |          |
|                                     |          | Insurance                   |          |
|                                     |          | Other expenditure (specify) |          |
|                                     |          |                             |          |
|                                     |          |                             |          |
|                                     |          |                             |          |
|                                     |          |                             |          |
|                                     |          |                             |          |
| <b>TOTAL</b>                        |          | <b>TOTAL</b>                |          |

| <b>STATEMENT OF ASSETS AND LIABILITIES</b>   |                    |          |
|--|--------------------|----------|
| Please provide details on the following asset verification schedules (schedule numbers in parenthesis) |                    |          |
| <b>ASSETS</b>  |                    |          |
| Real Estate - current market value   | (1)                |          |
| Cash on Hand and in Financial Institutions   | (2)                |          |
| Net value of business interests  | (3)                |          |
| Shares/bonds/debentures- current market value  | (4)                |          |
| Other assets   | (5)                |          |
| <b>(A) TOTAL ASSETS</b>  |                    | <b>R</b> |
|  |                    |          |
| <b>LIABILITIES</b>   |                    | <b>R</b> |
| Real Estate & Mortgages  | (1)                | <b>R</b> |
| Notes/Loans payable to Financial Institutions  | (6)                | <b>R</b> |
| Loans payable to friends and relatives   | (6)                | <b>R</b> |
| Other debts and obligations  | (7)                | <b>R</b> |
| <b>(B) TOTAL LIABILITIES</b>   |                    | <b>R</b> |
| <b>(C) NET WORTH</b>   | <b>(A) - (B) =</b> | <b>R</b> |

| <b>ASSET VERIFICATION SCHEDULES</b>                                |                        |                                   |                         |                          |                     |                      |                          |                      |
|--|------------------------|-----------------------------------|-------------------------|--------------------------|---------------------|----------------------|--------------------------|----------------------|
| <b>(1) REAL ESTATE</b>   |                        |                                   |                         |                          |                     |                      |                          |                      |
| Address & description of Property<br>(residential, rental, vacant) | Date Acquired          | Title in name(s)                  | Original Cost           | Original Mortgage Amount | Monthly re-payments | Current Market Value | Current Mortgage Balance | Nett value           |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
| <b>TOTAL</b>   |                        |                                   |                         |                          |                     | R                    | R                        | R                    |
| <b>(2) CASH ON HAND AND IN FINANCIAL INSTITUTIONS</b>              |                        |                                   |                         |                          |                     |                      |                          |                      |
| Name of Financial Institution                                      | Description of Deposit |                                   |                         |                          | Amount              | Maturity             |                          |                      |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
| <b>TOTAL</b>   |                        |                                   |                         |                          | R                   | R                    |                          |                      |
| <b>(3) BUSINESS INTEREST</b>                                       |                        |                                   |                         |                          |                     |                      |                          |                      |
| Name of Business   | Description            | Type<br>Partnership<br>Corp. Sole | Name of all owners      | Relation to Applicant    | % Equity            | Valuation Method     | Nett Value               |                      |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
| <b>TOTAL</b>   |                        |                                   |                         |                          |                     |                      |                          | R                    |
| <b>(4) LISTED SECURITIES</b>                                       |                        |                                   | <b>BONDS/DEBENTURES</b> |                          |                     |                      |                          |                      |
| No. Shares   | Description            | Current Market Value              | No.                     | Description              |                     |                      | Face Value               | Current Market Value |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
|  |                        |                                   |                         |                          |                     |                      |                          |                      |
| <b>TOTAL</b>   |                        | R                                 | <b>TOTAL</b>            |                          |                     |                      | R                        | R                    |

| <b>ASSET VERIFICATION SCHEDULES (Continued)</b>  |                                  |
|--|----------------------------------|
| <b>(5) OTHER ASSETS</b>  |                                  |
| (eg Stock options, cash value of life insurance, automobiles and other personal property etc). |                                  |
| <b>DESCRIPTION</b>   | <b>CURRENT FAIR MARKET VALUE</b> |
|  |                                  |
|  |                                  |
|  |                                  |
|  |                                  |
| <b>TOTAL</b>   | R                                |

| <b>(6) LOANS/NOTES/ACCOUNTS PAYABLE (excluding mortgages)</b> |                       |                |                |               |                     |                    |               |                 |
|---|-----------------------|----------------|----------------|---------------|---------------------|--------------------|---------------|-----------------|
| Lender  | Relation to Applicant | Nature of debt | Secured yes/no | Maturity date | Original Face Value | Monthly Repayments | Interest Rate | Present Balance |
|   |                       |                |                |               |                     |                    |               |                 |
|   |                       |                |                |               |                     |                    |               |                 |
|   |                       |                |                |               |                     |                    |               |                 |
|   |                       |                |                |               |                     |                    |               |                 |
| <b>TOTAL</b>  |                       |                |                |               |                     |                    |               | R               |

| <b>(7) OTHER DEBTS AND LIABILITIES</b>   |                    |               |
|--|--------------------|---------------|
| (eg. Insurance Loans, Alimony, child support, leases, contracts, legal claims, judgements, chattel mortgages, taxes, guarantor, etc) |                    |               |
| <b>OBLIGEE</b>   | <b>DESCRIPTION</b> | <b>Amount</b> |
|  |                    |               |
|  |                    |               |
|  |                    |               |
| <b>TOTAL</b>   |                    | R             |

**GENERAL ENQUIRY BY BOOST JUICE**

Why do you want to buy a Boost Juice Franchise, and in particular what features of this Franchise have attracted you?

How do you intend to fund the purchase of the Boost Juice Franchise?

Why do you believe you are suited to operating a Boost Juice Franchise?

Have you ever owned or worked in a business similar to the proposed Boost Juice franchised business? *Please circle or bold* Yes/No

If yes, please provide details of the business (name, address, telephone):

Have you been dismissed from any position of employment? *Please circle or bold* Yes/No

Are you prepared to sacrifice holidays to which have you may become accustomed until you have established your business and level of training to the satisfaction of Boost Juice? *Please circle or bold* Yes/No

Why do you want to go into business?

Are you prepared to comply with the procedures and controls set by Boost Juice? *Please circle or bold* Yes/No

How many years do you intend to operate the business? Three, Five or Ten  
*Please circle or bold*

Do you appreciate that nobody can predict the future of the business, regardless of the track record of the Franchisor? *Please circle or bold* Yes/No

Why do you think you will be successful?

What qualities do you have that you believe are valuable if you became part of the Boost Juice Franchise network?

Will you devote your full time to the business? *Please circle or bold*

Yes/No

If yes, how many hours per day, days per week?

If no, please state how you propose to operate the business:

Will you be able to handle, supervise and direct staff? *Please circle or bold*

Yes/No

Do you have the personal capacity to handle business and staff problems if they arise? *Please circle or bold*

Yes/No

Do you have the support of your family in what you are doing? *Please circle or bold*

Yes/No

Are members of your family going to be involved in the business from the commencement or in cases where the need arises? *Please circle or bold*

Yes/No

If yes, who are they, and what are their ages, business experience and/or academic qualifications?

What are your main strengths?

What are your main weaknesses?

What factors of the past have contributed most to your own development?

Do you know what a Franchise is? Explain:

Explain the nature of the Franchisor/Franchisee relationship:

Are you comfortable about the idea of working in co-operation with Boost Juice, and do you accept that a number of disciplines exist in a franchise system, in particular working under the direction and guidance of the Franchisor?

*Please circle or bold*

Yes/No

Do you know that a Franchise is only granted for a defined period at the end of which the Franchisor is not obliged to renew unless there is an express provision for renewal in the Franchise Agreement? *Please circle or bold*

Yes/No

As well as obtaining legal, accounting and financial advice with respect to the Franchise Agreement, do you intend to read it yourself? *Please circle or bold*

Yes/No

Are you aware certain information provided and/or advised to you is confidential and shall not be divulged to any third person unless Boost Juice gives its prior approval? *Please circle or bold*

Yes/No

Please advise what representations have been made to you and by whom?

Do you understand that you must make your own enquiries and get your own advice when considering this business opportunity? *Please circle or bold*

Yes/No

How would you cope with unexpected losses as the business is building and any other set-backs?

What else do you think we should know about to understand you better and to better determine what your association with us could mean?

## SUPPORTING INFORMATION

### ALL APPLICANTS:

1. If you propose to operate the Boost Juice Franchise through a company, please provide copies of the company's Constitution and Certificate of Incorporation.
2. If you have previously operated your own business, please provide a Profit and Loss and Balance Sheet for the last three (3) years of your most recent business.
3. In reference to point 3, please provide a separate Boost Juice Confidentiality Agreement for each individual, signed by that individual.

## APPLICATION STEPS

1. Once you have completed and signed the APPLICATION FORM please mail it to:  
Leigh Hailstone  
Boost Juice South Africa  
P/Bag X4000  
Bedfordview, 2008  
or email [franchise.enquiries@boostjuice.co.za](mailto:franchise.enquiries@boostjuice.co.za)  
  
(Please note: Applications must include a recent photograph of all participants and the R5,000 deposit cheque or EFT proof of payment).
2. You will be contacted by Boost Juice South Africa to arrange an interview. The purpose of this interview is to review the information you have provided and discuss more fully your future business plans. It will also give you an opportunity to ask any further questions you may have of Boost Juice.
3. Your application and supporting information will be reviewed by Boost Juice.
4. If your application is approved, Boost Juice Bars will notify you and provide you with a Confidentiality Agreement. After we have received the signed copy of the franchise agreement we will organise a face to face interview.

### DECLARATION FOR MAIL & FAXED APPLICATIONS

I/We \_\_\_\_\_  
of \_\_\_\_\_

declare as follows:

1. I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects and that no relevant details have been omitted.
2. I/We acknowledge that if any information included in this Application is false or misleading in any way Boost Juice shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this Application.

I/We also acknowledge and agree that Boost Juice:

1. is collecting the information contained in this Application to assess whether I/we should be considered as a potential franchisee;
2. is relying upon the information contained in this Application as a material factor in considering this Application;
3. is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;
4. may provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants; and
5. may retain copies of this Application for its records, whether or not this Application is successful.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_

\_\_\_\_\_  
Signature of Applicants/Persons to be approved

\_\_\_\_\_  
Signature of Applicants/Persons to be approved

## **STATEMENT OF ACCURACY & CONSENT FOR ELECTRONIC APPLICATIONS**

1. I/We have answered the questions and provided the information in this form to the best of my/our knowledge and belief, and that as far as I am/we are aware the answers and information are true and correct in all respects and that no relevant details have been omitted.
2. I/We acknowledge that if any information included in this Application is false or misleading in any way Boost Juice shall have the right to terminate any franchise agreement entered into on the basis of the information contained in this Application.

I/We also acknowledge and agree that Boost Juice:

1. is collecting the information contained in this Application to assess whether I/we should be considered as a potential franchisee;
2. is relying upon the information contained in this Application as a material factor in considering this Application;
3. is authorised to contact any appropriate third parties to verify the accuracy of the information in this Application and to retain any information obtained for its records;
4. may provide the information contained in this Application to its advisers, including its accountants, lawyers and consultants; and
5. may retain copies of this Application for its records, whether or not this Application is successful.

By submitting this application electronically, I agree to the above statement.